M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08585

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tyaskin
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Tyaskin~~ Bivalve
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) Clifton (Last) Anderson

4. DATE OF DEATH (Month) August (Day) 22, (Year) 1950

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH June 7, 1884

9. AGE last birthday 66 yrs. If under 1 year Months 2 Days 15 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waterman

10b. KIND OF BUSINESS OR INDUSTRY Freight Boat

11. BIRTHPLACE (State or foreign country) Bivalve, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Franklin Pierce

14. MOTHER'S MAIDEN NAME Allfaire Horsman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT William R. Insley, Bivalve, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gunshot wound of heart

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden death

976X

164 C

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home

(CITY OR TOWN) Tyaskin, (COUNTY) Wicomico, (STATE) Maryland

TIME OF INJURY (Month) August (Day) 22, (Year) '50 (Hour) 4:30 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? self-inflicted

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE L A Rademaker (Degree or title) L. A. Rademaker M.D. Dep. Med. Exam.

ADDRESS 502 N.Div.St; Salisbury

DATE SIGNED August 23, 1950

23. BURIAL, CREMATION REMOVAL (Specify) burial

DATE THEREOF Aug. 24, 1950

NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetary

LOCATION (City, town, or county) Laurel, (State) Delaware

DATE REC'D BY LOCAL REG. 8-24-50

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR C. D. Messick,

ADDRESS Bivalve, Md.

900 51

RECEIVED
AUG 29 1950
BUREAU V. S

Mr. Lowry

08586

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) P. (Last) Ayres

4. DATE OF DEATH (Month) August (Day) 12 (Year) 1950

5. SEX male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH March 10 1885

9. AGE last birthday 65/5/2 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salary Cutting Timber

10b. KIND OF BUSINESS OR INDUSTRY Woods

11. BIRTHPLACE (State or foreign country) Snow Hill, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. 216-14-9680

17. INFORMANT AND ADDRESS Mrs Sadie R. Ayers Snow Hill, Md Rural #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gangrene of small intestine — INTERVAL BETWEEN ONSET AND DEATH 8.13.50

199.1 Antecedent cause(s)

55 e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized abdominal carcinomatosis, cause not known

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 8.13.50, 19....., and that death occurred at 10:45 P m., from the causes and on the date stated above.

SIGNATURE Lee L. Lowry, M.D. (Degree or title) ADDRESS Fruitland, Md. DATE SIGNED 8-14-50

23. RURAL, CREMATION REMOVAL (Specify) Burial DATE Aug. 16/50 NAME OF CEMETERY OR CREMATORY Taylor Vale LOCATION (City, town, or county) Snow Hill, Rural #2 (State) Md

DATE REC'D BY LOCAL REG. 8-14-50 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Clay E. Ammis ADDRESS Snow Hill, Md

98809

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 16 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18587

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Pittsville Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (In this place) 19 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Garlon (Middle) Raymond (Last) Baker

4. DATE OF DEATH: (Month) Aug (Day) 19 (Year) 1950

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: Nov 4 1878 | 9. AGE last birthday: 71-9-15 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Berlin Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Curtis Baker | 14. MOTHER'S MAIDEN NAME: Savena C McCabe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: 213-09-9496 | 17. INFORMANT: Edith Brittingham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary edema — Interval between onset and death: 2 days

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d

(b) Arteriosclerotic heart disease — 10 years

(c) Arteriosclerosis — 2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 50, to June 19th 50, that I last saw the deceased alive on June 19th, 19 50 and that death occurred at 3.30a A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
L. V. Sohler, M.D. | Delmar, Del. | Aug. 19, 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Aug 22 1950 | NAME OF CEMETERY OR CREMATORY Grace Cemetary | LOCATION (City, town, or county) East Pittsville (State) Md

DATE REC'D BY LOCAL REG. 8-21-50 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR Wm Howard Wells | ADDRESS Pittsville Md

308V4

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 23 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

118588

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A5

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (In this place) 8 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware; COUNTY Sussex; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar; STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) E. (Last) Byrd

4. DATE OF DEATH: (Month) August (Day) 11 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 21, 1898

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Delmar, Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Hotten

14. MOTHER'S MAIDEN NAME: Olivia Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Caleb J. Byrd, Delmar, Delaware, R.F.D. #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral Hemorrhage - non traumatic — Interval Between Onset and Death: ?

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/3, 1950, to 8/11, 1950, that I last saw the deceased alive on 8-11-50, 19..., and that death occurred at 11:50 p.m., from the causes and on the date stated above.

SIGNATURE Lee L. Lawry (Degree or title) M.D. ADDRESS Fruitland Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: August 15, 1950 — NAME OF CEMETERY OR CREMATORY: Mt. Nebo Cemetery — LOCATION (City, town, or county) (State): near Sharptown, Maryland

DATE REC'D BY LOCAL REG.: August 15, 1950 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: J.J. Frampton and Son, Federalsburg, Md. — ADDRESS

8-17-50 Mary W. Holloway

52086

RECEIVED
AUG 21 1950
BUREAU V. S

Evidence for addition of #18 as shown on: Dr. Insly

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08589

FILM No. G 1 27 SEP 5 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 332

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Wicomico · STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury · LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Hill Nursing Home	STREET ADDRESS (If rural, give location): Lincoln Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bertha	Estelle Jane	Collins	Aug	25	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Jan. 26-1882	68 yrs.	6	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	At Home	Wicomico Co. Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Fooks.	Sarah Emily Causey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mrs. Clifford A. Morris (Daughter) Lincoln Ave. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
174 Immediate cause	(a) Generalized Carcinomatosis	
48b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Primary site unknown - probably uterine (9/5/50 akc)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-1, 1950, to 8-25, 1950, that I last saw the deceased alive on 8-25, 1950, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Charles A Insley	Salisbury Md	8-28-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 28- 1950	Parson Cemetery	Salisbury Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-28-50	Mary M. Holloway	Holloway & Company *	Salisbury, Md.

Walter R. Holloway

RECEIVED
AUG 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

08590

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wenona
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) G. (Last) Daniels

4. DATE OF DEATH (Month) Aug (Day) 23 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov 18 1865
9. AGE last birthday 84 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sailor on Boat
10b. KIND OF BUSINESS OR INDUSTRY Oysterman
11. BIRTHPLACE (State or foreign country) Wenona Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James T. Daniel
14. MOTHER'S MAIDEN NAME Louise Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Frank Daniel Wenona Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease

420.0

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia

(c) Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/15, 1950, to 8/23/, 1950, that I last saw the deceased alive on Aug 23, 1950, and that death occurred at 10 54 a.m., from the causes and on the date stated above.

SIGNATURE John H. Yeaman (Degree or title) MD ADDRESS 238 Camden Ave, Salisbury, Md. DATE SIGNED 8-26-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Aug. 28-50 NAME OF CEMETERY OR CREMATORY St. Paul M.E. Cem. LOCATION (City, town, or county) Wenona Md. (State)

DATE REC'D BY LOCAL REG. 8-26-50 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR L. B. Webster ADDRESS Deal Island Maryland.

900 V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 28 1950
BUREAU Y. S

Evidence for addition of
#23 as shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

File No. G 127 SEP 7 1950 **CERTIFICATE OF DEATH** 08591 Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. (The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) Quantico Road.

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last) Dashiell

4. DATE OF DEATH: (Month) August (Day) 30 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Aug. 30 - 1950

9. AGE last birthday: ____ yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours 8; Min. 12

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Salisbury, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Kennith Benjamin Dashiell

14. MOTHER'S MAIDEN NAME: Larry Valentine Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
762.5 Immediate cause	(a) Pulmonary Atelectasis	3 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity	Immediate
159	(c) Cerebral Anoxia	Immediate

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-30-50

19b. MAJOR FINDINGS OF OPERATION: Placenta Previae

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/30, 1950, to 8/31, 1950, that I last saw the deceased alive on 8/30, 1950, and that death occurred at 6.05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

P. Rivers Hanson, M. D. 8/31/50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation; DATE THEREOF 8/31/50; NAME OF CEMETERY OR CREMATORY Peninsula General Hospital; LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REG. 8-31-50; REGISTRAR'S SIGNATURE Mary W. Holloway; 24. FUNERAL DIRECTOR ADDRESS Peninsula General Hospital

2-0-8-30-0-34-3-301

RECEIVED
SEP 2 1950
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pittsville; LENGTH OF STAY (in this place) 9 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Pittsville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
George	William	Davis	8 - 17 - 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs: Hours	Min.
Male	White	Married	8-8-'76	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Tenant Farmer	Worcester Co. Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Davis	Nancy Timmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	no	Mrs George Davis, Pittsville Md R.F.D. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
442X Immediate cause	(a) UREMIA	1 wk +
131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerotic Nephritis	unkn.
	(c) arteriosclerosis	unkn.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Heart disease, arteriosclerotic, with failure	2 yrs +

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.		—

22. I hereby certify that I attended the deceased from 8/13, 1950, to 8/17, 1950, that I last saw the deceased alive on 8/16, 1950, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Emerson Lawrence — ADDRESS Delmar Del — DATE SIGNED 8/17/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-19-50	St. Johns	Pittsville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-19-50	Mary W. Holloway	M. Parker Watson	Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 22 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1-8593

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Steven
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) (Last) Davis

4. DATE OF DEATH: (Month) Aug. (Day) 26 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Sept. 15, 1883

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Davis

14. MOTHER'S MAIDEN NAME: Tobotha Bozman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Mr Kirby Davis St. Steven, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (b) Pulmonary Infarct, right — 6 days

609X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumonia Right — 2 "

109 (c) Urinary Tract Infection

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 24, 1950, to Aug. 26, 1950, that I last saw the deceased alive on Aug. 25, 1950, and that death occurred at 5:36 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

David Gilmore M.D. Salisbury Md. Aug 26, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-28-1950 — NAME OF CEMETERY OR CREMATORY: Oriole Cemetery — LOCATION (City, town, or county) (State): Oriole, Maryland

DATE REC'D BY LOCAL REG.: 8-28-50 — REGISTRAR'S SIGNATURE: Mary B. Holloway

24. FUNERAL DIRECTOR — ADDRESS: Lewis R. Wilson, Princess Anne, Md.

RECEIVED
AUG 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18594

Reg. Dist. No. 337

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AN5

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (in this place) 15 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) 907 Walnut St. ✓

3. NAME OF DECEASED (Type or Print): (First) Joseph Baby (Middle) Boy (Last) Engler
4. DATE OF DEATH: (Month) August (Day) 11 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, ~~MARRIED~~, ~~WIDOWED, DIVORCED~~, (Specify) Bab.
8. DATE OF BIRTH: Aug. 11 1950
9. AGE last birthday: — yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours 1 Min. 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pocomoke md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Mr. Donald Joseph Engler
14. MOTHER'S MAIDEN NAME: Shirley Mae La Barge
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mr. Donald Joseph Engler 907 Walnut St. Pokomoke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity — 1 hr 30 min

7760 Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/11/50, 19....., to 8/11/50, 19....., that I last saw the deceased alive on 11-5-50, 19..... and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE Paul Owen (Degree or title) ADDRESS Snow Hill Md. DATE SIGNED 8-12-50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE August 17 50 | NAME OF CEMETERY OR CREMATORY Hall's Hill Baptist | LOCATION (City, town, or county) Pocomoke City (State) Md.

DATE REC'D BY LOCAL REG. 8-14-50 | REGISTRAR'S SIGNATURE Mary W. Holland | 24. FUNERAL DIRECTOR Henry G. Watson ADDRESS Pocomoke Md.

1-0-8-11-0-22-3-24-V

RECEIVED
AUG 16 1950
BUREAU OF

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

18595

CERTIFICATE OF DEATH

Reg. Dist. No. 336

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
LENGTH OF STAY (in this place) 1½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chestnut So

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) (Last) FINDLEY

4. DATE OF DEATH (Month) Aug (Day) 15 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH MAR 6, 1866

9. AGE last birthday 84 yrs. If under 1 year Months 5 Days 11 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER

10b. KIND OF BUSINESS OR INDUSTRY Own FARM.

11. BIRTHPLACE (State or foreign country) Ontario Canada

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Thomas Findlay

14. MOTHER'S MAIDEN NAME Agnes Laing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Mr Orville Findlay - Easton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
151X	Immediate cause	(a) Cerebral arthritis from inability to take nourishment	2 mo.
46b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of stomach	1 yr
		(c) Chronic Arthritis	3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to Aug 16, 1950, that I last saw the deceased alive on Aug 16, 1950, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Delmar Del 8-17-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 8/18/50

NAME OF CEMETERY OR CREMATORY Spring Hill

LOCATION (City, town, or county) (State) Easton, Md

DATE REC'D BY LOCAL REG. 8/18/50

REGISTRAR'S SIGNATURE [signature] Harry E. Hudson

24. FUNERAL DIRECTOR Maurice C. Newnam & Son ADDRESS Easton - Md.

000VV

RECEIVED
AUG 28 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08596

Reg. Dist. No. 332

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Wicomico — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. ~~Washington~~ — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1630 44th St. N.W. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Lemon	Fleming	8	11	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	White	Married	Aug. 19, 1896	54 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Executive	Insurance	Washington, D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Berry E. Fleming	Hadassah F. Lester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		None	Ruth F. Clyde

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Artery Occlusion — 2 days

420.1 Antecedent cause(s)

9da Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Artery Atherosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from ....., 19....., to Aug. 21, 1950, that I last saw the deceased alive on Aug. 21, 1950, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
David J. Gilmore	M.D.	Salisbury Md.	Aug. 22, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 25, 1950	Congressional Cemetery	Washington,	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-24-50	Mary W. Holloway	Hobby & Johnson Co.	

Beatrice C. Hill II 2740

RECEIVED
AUG 29 1950
BUREAU V. S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(18507)

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (In this place) 5 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Nutters Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Rural; STREET ADDRESS (If rural, give location) Jersey Rd.

3. NAME OF DECEASED (Type or Print): (First) Mahaley (Middle) (Last) Hampton

4. DATE OF DEATH: (Month) Aug (Day) 27 (Year) 1950

5. SEX: female

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov 2, 1902

9. AGE last birthday: 48 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): N Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James T. Jenkins

14. MOTHER'S MAIDEN NAME: Mary Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Madeline Nutter.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Thrombophlebitis	Few hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Osteomyelitis of Ileum w/ Hydronephrosis Left Kidney	4 months
	(c) Dehydration	2 months

730.2
100b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Salisbury (CITY OR TOWN) Wicomico (COUNTY) Md (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 21, 1950, to Aug 27, 1950, that I last saw the deceased alive on Aug 21, 1950, and that death occurred at 2 30 p.m., from the causes and on the date stated above.

SIGNATURE: G Herbert Lemby (Degree or title) MD ADDRESS: Salisbury Md DATE SIGNED: 8/29/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug 30 50

NAME OF CEMETERY OR CREMATORY: Green Acres Cem

LOCATION (City, town, or county): Salisbury (State): Md

DATE REC'D BY LOCAL REG: 8-29-50

REGISTRAR'S SIGNATURE: Mary M. Holloway

24. FUNERAL DIRECTOR: Booker & West ADDRESS: Salisbury, Md

52086

RECEIVED
SEP -1 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

118598

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 204 Washington Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 204 Washington Street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Harmon

4. DATE OF DEATH: (Month) Aug. (Day) 2- (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 4 1881

9. AGE last birthday: 69 yrs. If under 1 year: Months 2 Days 28 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber Retired

10b. KIND OF BUSINESS OR INDUSTRY: Barbering

11. BIRTHPLACE (State or foreign country): Worcester Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Harman

14. MOTHER'S MAIDEN NAME: Julia Bradford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Mimie H. Harman (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 2 months

331 X Antecedent cause(s) (b) Arteriosclerosis, Hypertension. — ?

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1948, to Aug 2, 1950, that I last saw the deceased alive on Aug 2, 1950, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

John H. Yeaman M.D. | 238 Camden Ave Salisbury Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Aug 4, 1950 | NAME OF CEMETERY OR CREMATORY: Parson S Cemetery | LOCATION (City, town, or county) (State): Salisbury Maryland

DATE REC'D BY LOCAL REG. 8-4-50 | REGISTRAR'S SIGNATURE: Mary M. Holloway

24. FUNERAL DIRECTOR: Holloway & Company - Salisbury, Md. | ADDRESS

Walter R. Holloway 20084

RECEIVED
AUG 7 1960
BUREAU V. S

Dr. Minn

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

08599

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bridge street.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela
STREET ADDRESS (If rural, give location) Bridge street

3. NAME OF DECEASED (Type or Print) (First) Shebuel (Middle) Roland (Last) Henry
4. DATE OF DEATH (Month) Aug. (Day) 13th (Year) 50

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH July 31 1874
9. AGE last birthday 76 yrs. If under 1 year Months Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Telegraph operator
10b. KIND OF BUSINESS OR INDUSTRY (Western Union Co.)
11. BIRTHPLACE (State or foreign country) Hebron Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hosea Henry
14. MOTHER'S MAIDEN NAME Emily Cordrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. E. Stella Henry (Wife) Mardela Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Dilatation of Heart

Immediate cause (a) Gradual decline

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Not attended

INTERVAL BETWEEN ONSET AND DEATH

434.3
59b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Above

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 13, 1950 5:30 p.m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan. 1948, to Aug. 13, 1950, that I last saw the deceased alive on Aug. 13, 1950, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Fred C. Minn M.D. ADDRESS Mardela Springs Md. DATE SIGNED 8-14-50

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF Aug. 15-50
NAME OF CEMETERY OR CREMATORY Shad Point Cem
LOCATION (City, town, or county) Shad Point Md. (State)

DATE REC'D BY LOCAL REG. 8-14-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md.
Walter R. Holloway 9-40-50

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 16 1990
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18600

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury (mr)
LENGTH OF STAY (in this place) Since 3/3/50
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine Bluff State Hospital Salisbury, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 307 Smith St.

3. NAME OF DECEASED (Type or Print): (First) Clark (Middle) Conoway (Last) Howard

4. DATE OF DEATH: (Month) Aug (Day) 3 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/31/06

9. AGE last birthday: 44 yrs. If under 1 year: Months 2 Days 3 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Chesapeake Airways

11. BIRTHPLACE (State or foreign country): Hebron, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Ross Howard

14. MOTHER'S MAIDEN NAME: Luana Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 214-10-8335

17. INFORMANT AND ADDRESS: Patient on Admission

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Far Adv. Pulmonary Tbc. — Interval Between Onset and Death: 22 years

002 X Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 3, 1950, to Aug. 3, 1950, that I last saw the deceased alive on Aug. 2, 1950, and that death occurred at 4:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

S. J. Hundley Salisbury, Md. Aug. 3, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Buried | DATE Aug. 5-1950 | NAME OF CEMETERY OR CREMATORY Riverton Church Cemetery | LOCATION (City, town, or county) (State) Riverton Maryland

DATE REC'D BY LOCAL REG. 8-3-50 | REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS Holloway & Company * Salisbury, Md.

26645

RECEIVED
AUG 7 1950
BUREAU V. S

M

08601

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH · COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE COUNTY Wic.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS Unk (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year) August 21 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) unk.
8. DATE OF BIRTH unk.
9. AGE last birthday unk yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unk.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) unk
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME unk
14. MOTHER'S MAIDEN NAME unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS unk.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

330K Immediate cause (a) Subarachnoid Hemorrhage — Interval Between Onset and Death: approx. 4 hrs.

830 Antecedent cause(s) (b) Essential Hypertension (Malignant) — Unknown

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 21, 1950, to Aug 21, 1950, that I last saw the deceased alive on Aug 21, 1950, and that death occurred at 9:50 m., from the causes and on the date stated above.

SIGNATURE David Gilmore (Degree or title) M.D. ADDRESS Salisbury, Md. DATE SIGNED Aug. 22, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE Aug. 22, 50
NAME OF CEMETERY OR CREMATORY U. Anatomical Board.
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 8-22-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR James B. Dashiell, Salisbury, Md. ADDRESS

XVX99

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 24 1950
EL PASO

Dr. Wm Smith of Fruitland.

08612

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): (First) Baby Girl (Middle) (Last) Jones

4. DATE OF DEATH: (Month) 8 (Day) 25 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 8-23-50

9. AGE last birthday: — yrs. If under 1 year: Months —, Days 2; If under 24 hrs: Hours 2, Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Daniel Jones

14. MOTHER'S MAIDEN NAME: Genevieve Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Daniel Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

769.5 **Immediate cause** (a) Prematurity

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

159 (b) Maternal Toxemia

(c) Premature Labor

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/23, 1950, to 8/25, 1950, that I last saw the deceased alive on 8/25, 1950, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Wm B Smith M.D. Salisbury, Md. 8/26/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-26-50	Mt. Calvary Cemetery	Fruitland Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-26-50	Mary W. Holloway	James B. Dashiell	Salisbury, Md

2-0-8-23-0-26-4-40-1

VS-A15

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AUG 28 1950
BUREAU V. S

Evidence for addition as shown in #18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08603

Reg. Dist. No. 332

FILM No. G ... AUG 23 1950

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 206 Second St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Ada Jones

4. DATE OF DEATH (Month) (Day) (Year): August 10 1950

5. SEX: Female
6. COLOR OR RACE: a a
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-8-1902
9. AGE last birthday: 48 yrs. — If under 1 year: Months 2, Days 2 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress
10b. KIND OF BUSINESS OR INDUSTRY: Dept. Store
11. BIRTHPLACE (State or foreign country): Quantico, Wicomico Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Garrison
14. MOTHER'S MAIDEN NAME: Zenobia Garrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):
16. SOCIAL SECURITY No.: 214-10-8849
17. INFORMANT AND ADDRESS: Boyd Jones, Sr. 206 Second St. Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Diffuse Meningitis, cause not known — 8.5.50 (8/22/50 ...)

340.3 Antecedent cause(s)

81a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on 8.10., 1950, and that death occurred at 12 32 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Lee L. Lawry, M.D. — ADDRESS: Fruitland, Md. — DATE SIGNED: 8-12-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 8-13-50 — NAME OF CEMETERY OR CREMATORY: Quantico Cemetery — LOCATION (City, town, or county): Quantico, Wicomico Co. (State): Md.

DATE REC'D BY LOCAL REG.: 8-12-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: James B. Daskell — ADDRESS: Salisbury, Md.

434 63

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 17 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08604

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Powellville | LENGTH OF STAY (in this place) 90 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Powellville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Ellen	Lewis	Aug.	4	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	Widow	7/7/1860	90 yrs.	8	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	—	Powellville Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Lewis.	Priscilla Perdue.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. Clyde Hammond Powellville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause (a) Arteriosclerotic Heart Disease C	15 yrs.
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis, T	5 yrs.
(c) Hypertension	5 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from June, 1945, to 4 Aug, 1950, that I last saw the deceased alive on 4 Aug, 1950, and that death occurred at 6:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Herman A. Robbins M.D.		5 Bay St Berlin, Md	8/5/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/6/1950	Mt. Pleasant	Powellville	Md RFD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-9-50	Mary W. Holloway	Emma A. Bunting	Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 11 1950
BUREAU

Dr. Gramse

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY: Wicomico; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 323 Fitzwater Street

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) McGrath

4. DATE OF DEATH: (Month) Aug. (Day) 5- (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 9- 1881

9. AGE last birthday: 68 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Mtn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Salisbury Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Williem J. McGrath

14. MOTHER'S MAIDEN NAME: Sarah Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Nora Parsons (Sister) 323 Fitzwater St. Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Arteriosclerotic Heart Disease Coronary Insufficiency

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gen. Arteriosclerosis

(c) Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uterine Obstruction

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to 8/5, 1950, that I last saw the deceased alive on 8/4, 1950, and that death occurred at 12:05 A.m., from the causes and on the date stated above.

SIGNATURE: Fred P. Gramse (Degree or title) M.D. ADDRESS: Salisbury, Md. DATE SIGNED: 8/5/50

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE THEREOF: Aug. 7, 1950
NAME OF CEMETERY OR CREMATORY: Shad Point Cemetery
LOCATION (City, town, or county) (State): Near Salisbury, Md.

DATE REC'D BY LOCAL REG. 8-5-50
REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Holloway & Company ADDRESS: Salisbury, Md.
Walter R. Holloway 95899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-4

RECEIVED
AUG 9 1950
BUREAU Y. B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

P8606

Reg. Dist. No. 332

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): about 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route #2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: New Jersey — COUNTY: Burlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Burlington
STREET ADDRESS (If rural, give location): 38 W. Pearl

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) E (Last) Morris

4. DATE OF DEATH: (Month) 8 (Day) 20 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: a a

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 12-15-1898

9. AGE last birthday: 51 yrs. If under 1 year: Months 8 Days 6+ If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Hebron, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George Cornish

14. MOTHER'S MAIDEN NAME: Fizzie Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs. Lillian Mitchell - Salisbury, Md. Rt. #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X — Immediate cause (a): Carcinomatosis — Interval between onset and death: —

52b — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Carcinoma of Bladder. — 9 months (?)

(c): —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ?

19b. MAJOR FINDINGS OF OPERATION: Cystoscopy in New Jersey; Report not available.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Natural

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July, 1950, to Aug. 17, 1950, that I last saw the deceased alive on 8-19, 1950, and that death occurred at 3:00 A.M. 8-20-50 m., from the causes and on the date stated above.

SIGNATURE: Hunter R Man Jr. M.D. (Degree or title) — ADDRESS: Hunter R Man Jr. M.D. — DATE SIGNED: 8-25-50

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial — DATE: 8-27-50 — NAME OF CEMETERY OR CREMATORY: Green Acres Cemetery — LOCATION (City, town, or county) (State): Salisbury Wicomico Co. Md.

DATE REC'D BY LOCAL REG. 8-25-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS: James B. Bradsell, Salisbury, Md.

52-086

RECEIVED
AUG 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08607

Reg. Dist. No. 333 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mr. Gordon (Middle) (Last) Nock

4. DATE OF DEATH: (Month) August (Day) 17 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: July 26, 1888

9. AGE last birthday: 62 yrs. — If under 1 year: Months — Days 27 — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Avery Nock

14. MOTHER'S MAIDEN NAME: Serena Brittingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Gordon Nock, Berlin, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — 2 yrs

420.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Artery Arteriosclerosis — 2 yrs

932

(c) Phlebothrombosis right femoral & iliac; Auricular fibrillation; uremia — 1 wk

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1950, to Aug 17, 1950, that I last saw the deceased alive on Aug 17, 1950, and that death occurred at 7:00 A.m., from the causes and on the date stated above.

SIGNATURE David Gilmore (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED Aug. 18 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE THEREOF 8/22/50 — NAME OF CEMETERY OR CREMATORY: Evergreen — LOCATION (City, town, or county): Berlin — (State): Md

DATE REC'D BY LOCAL REG. 8-22-50 — REGISTRAR'S SIGNATURE Mary W. Holloway — 8-28-50

24. FUNERAL DIRECTOR: Anne A Bunting — ADDRESS Berlin Md

RECEIVED
AUG 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08608

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place): Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 205 Newton St.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) William (Last) Phillips
4. DATE OF DEATH: (Month) 8 (Day) 7 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Nov. 18, 1881
9. AGE last birthday: 68 yrs. — If under 1 year: Months 8 Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Retired Business
10b. KIND OF BUSINESS OR INDUSTRY: Bakery
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: George William Phillips
14. MOTHER'S MAIDEN NAME: Elizabeth Jackson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Sara M Phillips

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Edema — 6 hrs

420,0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Insufficiency — 24

93d

(c) Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5, 1950, to 8/7, 1950, that I last saw the deceased alive on 8/7/50, 19..., and that death occurred at 7:15 a.m., from the causes and on the date stated above.

SIGNATURE: Fred R. Graves (Degree or title) M.D. — ADDRESS: Salisbury, Md. — DATE SIGNED: 8/8/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8/9/50 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury, Md.

DATE REC'D BY LOCAL REG.: 8-8-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: The Hill & Johnson Co. — ADDRESS

156 XV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAR 10 1980
BUREAU OF

M

08609

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Md (Rural)
STREET ADDRESS (If rural, give location) Johnson Road.

3. NAME OF DECEASED (Type or Print) (First) Suddie (Middle) (Last) Phillips
4. DATE OF DEATH (Month) Aug (Day) 6th (Year) 1950

5. SEX 2
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Jan 1, 1910
9. AGE last birthday 40 yrs. If under 1 year Months 4 Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook
10b. KIND OF BUSINESS OR INDUSTRY Childrens Home
11. BIRTHPLACE (State or foreign country) Kingston N.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Tate Miller
14. MOTHER'S MAIDEN NAME Hattie Goodman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 240-05-7818
17. INFORMANT Her Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816.5 Immediate cause (a) Thoracic Hemorrhage due to ruptured Aorta

170C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compression of chest with fracture of 3 ribs and other fractures Due to Head on Auto Collision (accidental)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Aug 5th 1950
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway 113
(CITY OR TOWN) Between Sherwood & Bedin (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 8 5 50 7 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? One auto collided Head on with the auto [illegible] was a passenger in

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr N. E. Gartonius (Degree or title) Dep Med Examiner ADDRESS Powerhouse City Md DATE SIGNED 8/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 8-10-50
NAME OF CEMETERY OR CREMATORY Wilcox Cemetery
LOCATION (City, town, or county) Kinston (State) N.C.

DATE REC'D BY LOCAL REG. 8-7-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR James B. Dashiell, ADDRESS Salisbury, Md

5-2086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
AUG 9 1991
BUREAU V. S

Sembley
1:30 Pm
08610

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico Co — MARYLAND Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md. — LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 702 Collins Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md.
STREET ADDRESS (If rural, give location) 702 Collins Street

3. NAME OF DECEASED (Type or Print) (First) Horace (Middle) — (Last) Sample
4. DATE OF DEATH (Month) 8 (Day) 14 (Year) 1950
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1870
9. AGE last birthday 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill hand.
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. 219-07-7266
17. INFORMANT Laura Sample

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Failure	2 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis, Chronic	2 years
	(c) Hemiplegia Left Side	1 year

422.2
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — Indefinite

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) Salisbury, (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1948, to Aug 14, 1950, that I last saw the deceased alive on Aug 13, 1950, and that death occurred at 7:30 m., from the causes and on the date stated above.

SIGNATURE G. Herbert Sembly (Degree or title) M.D. ADDRESS Salisbury Md DATE SIGNED 8/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 8-18-50 — NAME OF CEMETERY OR CREMATORY Dames Quarter Cem — LOCATION (City, town, or county) Dames Quarter (State) Md

DATE REC'D BY LOCAL REG. 8-16-50 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR Booker M Quest — ADDRESS Salisbury Md.

496 99

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 18 1950
BUREAU OF

08611

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 532

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH COUNTY: Wicomico — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital	STREET ADDRESS (If rural, give location): 305 Monticello Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Emerson Simms			4. DATE OF DEATH (Month) (Day) (Year): August 1 1950	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: Aug. 7. 1888	9. AGE last birthday: 61 yrs. If under 1 year: Months 11 Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Boat Pilot	10b. KIND OF BUSINESS OR INDUSTRY: Canal Pilot		11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Revell P. Simms			14. MOTHER'S MAIDEN NAME: Emma M. Bloodworth	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY No.: None		17. INFORMANT AND ADDRESS: Mrs. Ruby B. Simms	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchogenic Carcinoma — 1 yr.

162X Antecedent cause(s)

470 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Insufficiency — 10 months

19a. DATE OF OPERATION: Oct. 1949	19b. MAJOR FINDINGS OF OPERATION: Bronchogenic Carcinoma left	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1950, to Aug 1, 1950, that I last saw the deceased alive on Aug 1, 1950, and that death occurred at 4:25 P.M. m., from the causes and on the date stated above.

SIGNATURE: David J. Gilmore (Degree or title) M.D. — ADDRESS: Salisbury Md. — DATE SIGNED: Aug 1, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 8/4/50	NAME OF CEMETERY OR CREMATORY: Trace Cemetery	LOCATION (City, town, or county): Mt. Vernon (State): Md.
DATE REC'D BY LOCAL REG.: 8-3-50	REGISTRAR'S SIGNATURE: Mary W. Holloway	24. FUNERAL DIRECTOR: Tal Hill & Johnson Co. Geo. C. Hill II	ADDRESS: 13061

RECEIVED
AUG 7 1950
U.S. BUREAU OF MINES

08612

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hebron — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RD #2

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hebron
STREET ADDRESS (If rural, give location): RD #2

3. NAME OF DECEASED (Type or Print): (First) Mollie (Middle) Edith (Last) Smith
4. DATE OF DEATH: (Month) August (Day) 15 (Year) 1950
5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: June 6 1885
9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): RD. Laurel Del.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: William Records
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mr. Lorenzo Smith (Husband) RD. #2 Hebron, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion. (?)

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, Hypertension 4 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1948, to Aug 15, 1950, that I last saw the deceased alive on Aug 15, 1950, and that death occurred at 11:00 P.m., from the causes and on the date stated above.

SIGNATURE: John H. Yeaman M.D. (Degree or title) ADDRESS: 238 Camden Ave. Salisbury Md. DATE SIGNED: 8-16-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug. 18-50 — NAME OF CEMETERY OR CREMATORY: Wicomico Mem. Park — LOCATION (City, town, or county) (State): Salisbury Md.

DATE REC'D BY LOCAL REG.: 8-17-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: Holloway & Co. Salisbury Md. Walter R. Holloway — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 21 1950
BUREAU V. S

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

08613

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Juanita (Middle) (Last) Smullin
4. DATE OF DEATH (Month) August (Day) 5 (Year) 1950

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 8 1923
9. AGE last birthday 27 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Dorchester Co. Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm Smullin
14. MOTHER'S MAIDEN NAME Grace Glass

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 232-26-1271
17. INFORMANT Grace J. Smullin Vienna, Md R.D.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816.5 Immediate cause (a) Profuse Hemorrhage from Compound Comminuted Fracture Thigh & forearm

170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Due to Head on Auto Collision Accidental

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway 113
(CITY OR TOWN) Between Stowell & Berlin (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) Aug (Day) 5 (Year) 50 (Hour) 7 P m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Auto which she was driving collided with another auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr. H. F. Sartorius (Degree or title) Dep. Med. Exam ADDRESS Pocomoke City Md DATE SIGNED 8/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF August 8, 1950
NAME OF CEMETERY OR CREMATORY Reid's Grove Cemetery
LOCATION (City, town, or county) Reid's Grove, Maryland (State)

DATE REC'D BY LOCAL REG. August 8, 1950
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Md. ADDRESS

8-17-5 Mary W. Holloway

52086

RECEIVED
AUG 21 1950
BUREAU V. S

08614

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) Baby (First) (Middle) Boy (Last) Spear
4. DATE OF DEATH (Month) August (Day) 28 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 8/27/50
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Salisbury, Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME [illegible] Spear
14. MOTHER'S MAIDEN NAME Helen Gabb
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS R. H. Gabb Delmar Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity

762.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congenital pulmonary atelectasis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/27, 1950 to 8/28, 1950, that I last saw the deceased alive on Aug. 28, 1950, and that death occurred at 7:25 P m., from the causes and on the date stated above.

SIGNATURE Albert W. Kaus (Degree or title) M.D. ADDRESS Salisbury, Maryland DATE SIGNED 28 Aug 50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 29, 1950
NAME OF CEMETERY OR CREMATORY Ralph Hill Cem
LOCATION (City, town, or county) Delmar Del (State)
DATE REC'D BY LOCAL REG. 8-29-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR H. S. Marvel Co. ADDRESS Delmar Del

2-1-8-27-0-21-3-32-0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 1 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08615

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Delaware COUNTY Sussex.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar Route #2.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) Spear #2

4. DATE OF DEATH (Month) August (Day) 27 (Year) 1950

5. SEX Male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH August 27-1950

9. AGE last birthday yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours 1 | Min. 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Mr William Spear

14. MOTHER'S MAIDEN NAME Helen Ellis Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity

774X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

1571

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Meningocele (Congenital, cervical region)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Aug., 1950, to 27 Aug., 1950, that I last saw the deceased alive on 27 Aug., 1950, and that death occurred at 10 08 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Albert W. Kurs, M.D. Salisbury, Maryland 8/28/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial

DATE THEREOF 8-28-50

NAME OF CEMETERY OR CREMATORY Ralph Hill Cemetery

LOCATION (City, town, or county) (State) Delmar Del.

DATE REC'D BY LOCAL REG. 8-28-50

REGISTRAR'S SIGNATURE Maryelle Holloway

24. FUNERAL DIRECTOR ADDRESS W. S. Hamel Co - Delmar, Del

2-1-8-27-0-21-4432-1

RECEIVED
AUG 29 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08616

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 2½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) Rt. #3 Box 56

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Edward (Last) Thomas
4. DATE OF DEATH (Month) August (Day) 24 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct 1948
9. AGE last birthday 1 yrs. If under Months. 1 year Days If under Hours 24 hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Monroe P. Thomas
14. MOTHER'S MAIDEN NAME Margaret Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Monroe P. Thomas, Pocomoke, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

274x Immediate cause (a) Renal insufficiency of undetermined origin — NOT KNOWN

Antecedent cause(s)

65b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adrenal insufficiency of undetermined origin — NOT KNOWN

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/22, 1950, to 8/24, 1950, that I last saw the deceased alive on 8/24, 1950, and that death occurred at 2:45 A m., from the causes and on the date stated above.

SIGNATURE Albert W. Kiss (Degree or title) ADDRESS M. D. Salisbury, Maryland. DATE SIGNED 8/24/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8/26/50
NAME OF CEMETERY OR CREMATORY Georgetown Meth
LOCATION (City, town, or county) RFD Pocomoke (State) Md

DATE REC'D BY LOCAL REG. 8-24-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Henry H. Watson ADDRESS Pocomoke, Md —

RECEIVED
AUG 29 1950
BUREAU T. S

08617

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

T

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) Minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY Palm Beach
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pahokee
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) WILLIE (Middle) JAMES (Last) WALKER
4. DATE OF DEATH (Month) (Day) (Year) Aug 6, 1950 19

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH March, 1918
9. AGE last birthday 32 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Georgia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Arthur Walker
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY No. 266-20-0678
17. INFORMANT Marie Walker, Bouckville, N. Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

919.8 Immediate cause (a) Hemorrhage – Ruptured Femoral Artery

184 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bullet wound in thigh

(c) Rifle fired (supposed to have been emptied) while being packed onto a suit case by another

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Cabin at Labor Camp
(CITY OR TOWN) Near Beaver Dam (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 8-6 50 12:15 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Rifle went off while being packed in suit case [illegible] decreased [illegible] by Deceased

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☑, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr. T. E. Cartonus (Degree or title) Dep. Med Examiner ADDRESS Pocomoke City Md DATE SIGNED Aug 7, 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/14/50
NAME OF CEMETERY OR CREMATORY Hall's Hill Cemetery
LOCATION (City, town, or county) Pocomoke City, Md. (State)

DATE REC'D BY LOCAL REG. 8-14-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Henry H. Watson, ADDRESS Pocomoke City, Md

866 VV

RECEIVED
AUG 16 1990
BUREAU

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08618

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Quantico — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.D.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Quantico
STREET ADDRESS (If rural, give location): R.D.

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) (Last) Watson
4. DATE OF DEATH: (Month) Aug. (Day) 1 (Year) 50
5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Sept. 10-1877
9. AGE last birthday: 72 yrs. — If under 1 year: Months 10, Days 21 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Pittsville Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Eugene White
14. MOTHER'S MAIDEN NAME: Martha Truitt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Mae Palone (daughter) 1400 E. Church st. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Asthma — 24 hrs.

442X Antecedent cause(s) (b) Arteriosclerotic Cardio-vascular Rural — 5 yrs?

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Disease.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Feb., 1950, to 1 Aug., 1950, that I last saw the deceased alive on 1 Aug., 1950, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

SIGNATURE: Richard H. Saunders (Degree or title) M.D. — ADDRESS: Nanticoke Md. — DATE SIGNED: 1 Aug 50.

23. BURIAL CREMATION REMOVAL (Specify) — DATE: Aug. 3-50 — NAME OF CEMETERY OR CREMATORY: Wicomico Mem. Park — LOCATION (City, town, or county) (State): Salisbury Md.

DATE REC'D BY LOCAL REG.: 8-3-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Holloway & Co. — ADDRESS: Salisbury Md. Walter R. Holloway

RECEIVED
AUG 7 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STATE: MARYLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury Rt 2
STREET ADDRESS (If rural, give location): 507½ West Isabella

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last): Wells

4. DATE OF DEATH: (Month) August (Day) 31 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8/28/50

9. AGE last birthday: yrs. If under 1 year: Months / Days: 3 If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salisbury, maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leon Wells

14. MOTHER'S MAIDEN NAME: Irene Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Leon Wells - Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X Immediate cause (a) Prematurity

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/28/, 1950, to 8/31/, 1950, that I last saw the deceased alive on 8/31/, 1950, and that death occurred at 8:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm B Smith M.D. Salisbury Md 9/1/50

23. BURIAL, CREMATION REMOVAL (Specify): L

DATE THEREOF: 9-2-50

NAME OF CEMETERY OR CREMATORY: Peninsula General Hospital

LOCATION (City, town, or county) (State): Salisbury Md

DATE REC'D BY LOCAL REG. 9-2-50

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: None

2-0-8-28-0-25-4-40-1

VS A-1

RECEIVED
SEP 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08620

Reg. Dist. No. 332

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waterview
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) ENNIS (Last) Willing

4. DATE OF DEATH: (Month) August (Day) 9 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: March 16, 1886

9. AGE last birthday: 64 yrs. — If under 1 year: Months 4, Days 24 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Mt. Vernon, Md.

12. CITIZEN OF WHAT COUNTRY? U. S

13. FATHER'S NAME: Jessie Pennell Ennis

14. MOTHER'S MAIDEN NAME: Hannah Simms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Walton Willing, Waterview, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 12 days.

442X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Arteriosclerotic Cardiovascular. — 5 years.

131a

(c) Renal Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 July, 1950, to 9 Aug, 1950; that I last saw the deceased alive on 9 Aug, 1950, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard H Saunders. M.D. — ADDRESS Nanticoke Md. — DATE SIGNED 11 Aug 50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 8/12/50 — NAME OF CEMETERY OR CREMATORY: Turners Cemetery — LOCATION (City, town, or county) (State): Nanticoke Md

DATE REC'D BY LOCAL REG. 8-12-50 — REGISTRAR'S SIGNATURE: Mary M. Holloway

24. FUNERAL DIRECTOR: C. G. Messick — ADDRESS: Bivalve, Md

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AUG 17 1960
BUREAU Y. B

08621

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Accomack
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Makemie
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Cynthia (Middle) B. (Last) Willoughby

4. DATE OF DEATH (Month) Aug. (Day) 2 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Feb. 21 1887
9. AGE last birthday 63 yrs. If under 1 year: Months 5 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. P. Mistress
10b. KIND OF BUSINESS OR INDUSTRY Makemie P.O.
11. BIRTHPLACE (State or foreign country) Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Groton
14. MOTHER'S MAIDEN NAME Gertrude Brittingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Perry Brimer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
153x	Immediate cause	(a) Carcinoma of Liver	2-3 mo.
	Antecedent cause(s)		
46e	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Adenocarcinoma of Large Intestine	8-10 mo.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 7.25.50
19b. MAJOR FINDINGS OF OPERATION Metastatic Ca. of Liver & aortic nodes
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7.24, 1950, to 8.2, 1950, that I last saw the deceased alive on 8.2, 1950, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

SIGNATURE H A Brile (Degree or title) MD ADDRESS 504 N Division St DATE SIGNED 8.2.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug. 4, 1950
NAME OF CEMETERY OR CREMATORY Downings
LOCATION (City, town, or county) Oak Hall (State) Va

DATE REC'D BY LOCAL REG. 8-5-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Mrs. N. A. Shields ADDRESS New Church, Va.

26695

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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